KeySpan Energy Insurance Premiums 2003

	Period	Invoice Number	Amoumt	Annual Amount
Captive General Liability	Quarterly Bill	ACTIS2003-AGA	267,173	1,068,690
EXCESS LIABILITY				
MARCH USA FEE	ANNUAL	711448	350,000	350,000
MARCH USA FEE	ANNUAL	713757	100,000	100,000
MARCH USA - KEMPER	ANNUAL	709931	115,000	115,000
MARCH USA - GERLING	ANNUAL	710362	290,000	290,000
MARCH USA - XL	ANNUAL	169127	520,000	520,000
MARCH USA - CHUBB ATLANTIC	ANNUAL	169127	64,000	64,000
MARCH USA - ACE	ANNUAL	169127	256,000	256,000
MARCH USA - LIBERTY MUTUAL	ANNUAL	668230	2,400	2,400
AEGIS	18 MONTHS	23271A	2,077,500	1,385,000
AEGIS	18 MONTHS	24464A	27,000	18,000
AEGIS	18 MONTHS	24752A	164,000	109,331
AEGIS	18 MONTHS	25294	(642,287)	(428,191)
AEGIS	ANNUAL	27232	114,828	114,828
AEGIS	ANNUAL	T38885	38,434	38,434
ENERGY INSURANCE MUTUAL	ANNUAL	5291	530,000	530,000
				3,464,802
EXCESS D&O LIABILITY				
WILLIS-FEDERAL INSURANCE COMPANY	ANNUAL	O855668	300,000	300,000
WILLIS-TWIN CITY FIRE INSURANCE COMPANY	ANNUAL	O855667	165,000	165,000
WILLIS-STARR EXCESS LIABILITY INSURANCE CO	ANNUAL	O855673	249,600	249,600
WILLIS-ZURICH AMERICAN INSURANCE COMPANY	ANNUAL	O855672	209,000	209,000
ENERGY INSURANCE MUTUAL	ANNUAL	4915	381,099	381,099
WILLIS -FEE	ANNUAL	O861653	120,000	120,000
WILIS-CREDIT	ANNUAL	O855739	(95,900)	(95,900)
AEGIS	ANNUAL	T39224	27,074	27,074
AEGIS	ANNUAL	T39441	5,834	5,834
			•	1,361,707
PROPERTY				
MARSH USA	ANNUAL	726933	3,355,000	3,355,000
MARSH USA-	ANNUAL	726933	240,000	240,000
MARSH USA-	ANNUAL	726933	11,565	11,565
MARSH USA- AEGIS	ANNUAL	726933	1,199,410	1,199,410
MARSH USA- LLOYDS OF LONDON	ANNUAL	726933	238,250	238,250
MARSH USA- HARTFORD STEAM	ANNUAL	726933	349,458	349,458
MARSH USA-WINTERTHUR	ANNUAL	726933	169,375	169,375
ENERGY INSURANCE MUTUAL	ANNUAL	5472	209,000	209,000
ENERGY INSURANCE MUTUAL	ANNUAL	5473	25,748	25,748
MARSH USA- AMERICAN NUCLEAR	ANNUAL	724005	75,738	75,738
AEGIS	ANNUAL	T40117	5,134	5,134
ENERGY INSURANCE MUTUAL	ANNUAL	EIMTER303	2,497	2,497
——————————————————————————————————————		——————————————————————————————————————	-,	5,881,17 5
BLANKET CRIME	ANNUAL	677614	52,490	52,490

KeySpan Check Request Form

DATE March	18, 2003	· · · · · · · · · · · · · · · · · · ·	INVOICE	# ACTIS20	03-AG1	, et ± ,
CHECK AMOU	NT \$1,908,375.	.00 C	DATE CHECK	REQUIRED _	March 21	, 2003
PAYABLE TO	Actis Assurance The Grand Pav Seven Mile Bea Grand Cayman	ilion Commerc ach		TAX ID# CORPOR SUPPLIEI	ATION (Y	/N)
REASON FOR	CHECK Premi	um for the Rer	nt-A-Captive fo	or A/L and G/I	for the	
	Period	l 1/1/03 to 3/31	/03			
REQUESTED E	-	Anne Ramer (ame	EMPLOYI DEPARTI PHONE #	MENT	7290Š Risk Mgmt 718-403-2345
APF	PROVED BY	EMI	PLOYEE#		SIGNAT	URE
Stephanie A. S	hepard		03484	Share of) (
Joseph F. Bod	anza		21865	J7Bry	1	s
(Requestor Circ		Nassau Suffolk	NG ISLAND Glen Cove Long Beach	MA	NH	State
Awards / Gif Bank / Escro Catering Charitable / S Dues / Fees Freight / Feo Government	ow/ Rating Agencies Sponsorship I Ex / UPS / Postage / Municipality I / Workmen Comp	Legal Pro Legal / Se Marketer Parking Payments Permits Police / M Rebate Pr	fessional Services attlement / Claim Bill s on behalf of LIPA larshals rogram Adjust / Reimburse	Subso Sumn Tax P Traini Utility Other	cription nons / DMV / ayment / As ng Course / Bill or Adjus – Exception	sessments Registrations/ Seminar
WIRE TRAN	SFER	X Requestor must	supply this acc	counting)		
			EXP	EXP ORG		
COMPANY #	PROJECT K00921	2746	TYPE 492	COST CENT	ER	AMOUNT \$1,641,202,50
31	K00921	2747	492	031 031		\$1,641,202.50 \$267,172.50

ME

ACTIS ASSURANCE COMPANY KEYSPAN SEGREGATED PORTFOLIO

QUARTERLY INSURANCE PREMIUM INVOICE

Keyspan Services Attn: Ms. Stephanie Shepherd Director of Risk Management One MetroTech Center Brooklyn, NY 11201-3851

112 Lake Street Burlington, VT 05401

Invoice No.

ACTIS2003-AG1

Date:

3/21/03

NOTE:

This is a quarterly invoice for funds due to the insurer for the 2003 policy year.

Total Due Current - (below) is due upon receipt of this invoice to the above address and/or via wire to the appropriate bank account.

COVERAGE	FROM	то	DESCRIPTION	PREMIUM DUE
Regulated Utility Companies Auto Liability and General Liability	1/1/02	3/31/02	Quarterly Premium Invoice	\$ 1,908,375.00
				Ü
				\$ 1,908,375.00

POLICY TO DATE INFORMATION

Payment Schedule	Premium Due	Billed to Date	Total Due to Insurer
Regulated Utility Companies Auto Liability and General Liability	\$7,633,500.00	\$1,908,375.00	\$5,725,125.00
TOTALS	\$7,633,500.00	\$1,908,375.00	\$5,725,125.00



Marsh USA Inc. New York, NY - 299 (212) 345-6000

Invoice No. 711448

Invoice

Date:

12/19/02

KEYSPAN ENERGY CORPORATION ATT: BRENDAN J. CAHALAN ONE METROTECH CENTER BROOKLYN, NY 11201-3850

Effective Date	Expiration Date	Client No.
12/01/02	12/01/03	J06520

Policyholder:

KEYSPAN ENERGY

REMITTANCE COPY

ORIGINAL

Effective: 12/01/02

Insurer	Policy No.	Type of Coverage / Item	Amount
FEE BILLING	01-0981-02	UMB/EXCESS FEE	350,000.00
	· .	INVOICE TOTAL:	350,000.00
		REMIT IN: UNITED STATES	DOLLARS
	THIS INVOICE REPR PLACEMENT AND SER FOR THE PERIOD 12 TOTAL FEE \$350,00 01-0981-02	ESENTS PARTIAL FEE DUE FOR THE VICING OF THE CASUALTY PROGRAM /1/02 TO 12/1/03	
RETURN ATTACHED WITH REMITTANCE			
Marsh USA Inc. New York Office P.O. Box 19601			
Newark, NJ 0719	5-0601		

<u>Invoice is Payable in Full Upon Receipt</u>

Marsh USA and its affiliated companies ("Marsh") may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Marsh may derive compensation contingent upon such factors as the size, growth and/or overall profitability of an entire book of business placed by Marsh with such insurers. Such contingent compensation would be in addition to any other compensation Marsh may receive such as retail, excess and surplus lines and wholesale brokerage fees or commissions, administrative fees, etc. At your request, Marsh will provide additional information.

AF

AF

MARSH

Marsh USA Inc. New York, NY - 299 (212) 345-6000 Invoice No. 713757

Invoice

Date:

1/07/03

KEYSPAN ENERGY CORPORATION ATT: BRENDAN J. CAHALAN ONE METROTECH CENTER BROOKLYN, NY 11201-3850

Effective Date	Expiration Date	Client Ne.
12/01/02	12/01/03	J06520

Policyholder:

KEYSPAN ENERGY

ORIGINAL INVOICE

ORIGINAL

Effective:

12/01/02

linsuter	Policy No.	Type of Coverage / Item	Amount :
FEE BILLING	01-0981-02	UMB/EXCESS FEE	100,000.00
		INVOICE TOTAL:	100,000.00
		REMIT IN: UNITED STATES	DOLLARS
	DUE FOR THE PLACE	ESENTS THE REMAINDER OF THE FER MENT AND SERVICING OF THE FOR THE PERIOD 12/1/02-12/1/03 0.00	
			-
RETURN ATTACHET			
Marsh USA Inc. New York Office P.O. Box 19601 Newark, NJ 0719	,"		

Invoice is Payable in Full Upon Receipt

Mersh USA and its affiliated companies ("Mersh") may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Mersh may derive compensation contingent upon such factors as the size, growth and/or overall profitability of an entire book of business placed by Mersh with such insurers. Such contingent compensation would be in addition to any other compensation Mersh may receive such as retail, excess and surplus lines and wholesale brokerage fees or commissions, administrative fees, etc. At your request, Marsh will provide additional information.

MARSH

USA Inc. ork, NY - 299 (212) 345-6000 Invoice No. 709931

Invoice

Date:

12/09/02

KEYSPAN ENERGY CORPORATION ATT: BRENDAN J. CAHALAN ONE METROTECH CENTER BROOKLYN, NY 11201-3850

Effective Date	Expiration Date	Client No.
12/01/02	12/01/03	J06520

Policyholder:

KEYSPAN ENERGY

ORIGINAL INVOICE

ORIGINAL

Effective: 12/01/02

Insurer	Policy No.	Type of (Ceverage / Item	Amount
LUMBERMNS MUTU	01-0981-02	UMB/EXCESS	PREMIUM	115,000.00
·			INVOICE TOTAL:	115,000.00
· .		REMIT I	N: UNITED STATES	DOLLARS
	THIS INVOICE REPR PLACEMENT OF EXCE (\$25MIL.X/S \$235M COMPANY FOR THE P TOTAL PREMIUM \$1101-0981-02/95R-07	SS LIABILITY F IL.)WITH KEMPE ERIOD 12/1/02- 5,000.00	POLICY LAYER ER INSURANCE	
				·
	,.			
RETURN ATTACHED				
Marsh USA Inc. New York Office P.O. Box 19601 Newark, NJ 0719				

Invoice Is Payable In Full Upon Receipt

A and its affiliated companies ("Marsh") may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Marsh may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Marsh may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Marsh may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Marsh may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Marsh may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Marsh may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Marsh may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Marsh may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Marsh may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Marsh may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Marsh may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Marsh may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Marsh may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which may have agreement and the coverage which is the subject of this invoice pursuant to which may have agreement and the coverage which is the subject of this invoice pursuant to which with a coverage which is the subject of this invoice pursuant to which with a coverage which is the subject of this invoice pursuant to which with a coverage which is the covera



USA Inc. W York, NY - 299 (212) 345-6000 Invoice No.

AF

710362

Invoice

Date:

12/12/02

KEYSPAN ENERGY CORPORATION ATT: BRENDAN J. CAHALAN ONE METROTECH CENTER BROOKLYN, NY 11201-3850

Effective Date	Expiration Date	Client No.
12/01/02	12/01/03	J06520

Policyholder:

KEYSPAN ENERGY

REMITTANCE COPY

ORIGINAL

Effective:

12/01/02

Insurer	Policy No.	Type of Coverage / Item	Amount
GERLING ALLGEM	01-0980-02	UMB/EXCESS PREMIUM	290,000.00
		INVOICE TOTAL:	290,000.00
	:	REMIT IN: UNITED STATES	DOLLARS
	PLACEMENT OF EXCE	0,000.00	
RETURN ATTACHED			
Marsh USA Inc. New York Office P.O. Box 19601			
Newark, NJ 0719	5-0601		

Invoice Is Payable In Full Upon Receipt

A and its a filliated compenies ("Marsh") may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Marsh may derive hope of the subject of this invoice pursuant to which Marsh may derive would be an entire book of business placed by Marsh with such insurers. Such contingent compensation would be a subject of this invoice pursuant to which Marsh may derive would be a subject of this invoice pursuant to which Marsh may derive hope of the subject of this invoice pursuant to which Marsh may derive hope of the subject of this invoice pursuant to which Marsh may derive hope of the subject of this invoice pursuant to which Marsh may derive hope of the subject of this invoice pursuant to which Marsh may derive hope of the subject of this invoice pursuant to which Marsh may derive hope of the subject of this invoice pursuant to which Marsh may derive hope of the subject of this invoice pursuant to which Marsh may derive hope of the subject of this invoice pursuant to which Marsh may derive hope of the subject of this invoice pursuant to which Marsh may derive hope of the subject of this invoice pursuant to which Marsh may derive hope of the subject of this invoice pursuant to which Marsh may derive hope of the subject of the subject of this invoice pursuant to which Marsh may derive hope of the subject of this invoice pursuant to which Marsh may derive hope of the subject of this invoice pursuant to which Marsh may derive hope of the subject of this invoice pursuant to which Marsh may derive hope of the subject of the subjec



THIS COPY WITH YOUR REMITTANCE

JARSH

h Global Brok (Bermuda) Ltd. Craig Appin House P.O. Box HM 2444 Hamilton HMJX, Bermuda

Invoice No. 169127

Date:

12/02/02

Invoice

Stephanie Shepard Gen. Manager - Risk Mgmt. Svcs Keyspan Corporation One Metro Tech Center 22nd Floor Brooklyn, NY 11201

Effective Days	Expiration Page	Client No.
12/01/02	12/01/03	074303

Policyholder: KEYSPAN CORP.

ORIGINAL INVOICE

ORIGINAL

Effective: 12/01/02

- A starting of the Co	policy No.	April 10 Type of Coverage / Internet	Amount
X.L.	XLUMB-00278 (02) 3310-07-14 01744/ACE	UMB/EXCESS PREMIUM UMB/EXCESS PREMIUM UMB/EXCESS PREMIUM	520,000.00 64,000.00 256,000.00
ACU .		INVOICE TOTAL:	840,000.00
	•	REMIT IN: UNITED STATES	DOLLARS
	CTTTTOW - T.TMTT 920	M XS \$135M & \$40M XS \$260M M P/O \$100M XS \$300M M P/O \$100M XS \$300M	
ļ			
RETURN ATTACHE	p cofy E To:		
Please see rev currencies, pl	r Instructions erse - All other ease see		
attached.		invoice is Payable in	Full Upon Receipt

"Marsh USA and its affiliated companies ("March") may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Marsh may derive companiation coatingent upon such factors as the size, growth and/or overall profits billy of an entire book of business placed by Marsh with such insurers. Such contingant compensation would be in addition to any other compensation Marsh may receive such as rates and wholeselve brokerage fees or opmanishment, administrative fees, etc. At your request Marsh will identify insurers previding coverage to you with whom we have such ogreements."

Elivera L Robinson

44

Marsh Global Broking Bermuda Ltd. Craig Appin House 8 Wesley Street P.O. Box FIM2444 Hamilton HMJX 441 295 3454 Fax: 441 292 5731

MARSH

December 2, 2002

Ms. Stephanie Shepard
General Manager – Risk Management Services
KEYSPAN CORPORATION
One Metro Tech Center, 22nd floor
Brooklyn, New York, 11201
U.S.A.

Phone No.: 718-403-3365 Fax No: 718-855-8871

Dear Ms. Shepard,

Subject:

Bermuda Market Renewal Premium Invoice

Policy Period: 12/01/02 - 03

Please find the original of invoice # 169127 representing the Bermuda Market renewal premiums for the period December 1, 2002 to December 1, 2003 as follows for Keyspan Corporation:

Market	Policy No.	Renewal Layer	Premium
X.L. X.L. CHUBB ACE	XLUMB-00278 XLUMB-00278 (02)3310-07-14 KSE-1057-AEO	\$50MM XS \$135MM \$40MM XS \$260MM \$20MM P/O \$100MM XS \$300MM \$80MM P/O \$100MM XS \$300MM	US\$360,000.00 US\$160,000.00 US\$ 64,000.00 US\$256,000.00
NUL!		TOTAL INVOICE	US\$840,000.00

Also enclosed please find our wire transfer instructions for payment of the above referenced premium.

We trust you will find this in order, however, should you have any questions, please do not hesitate to contact this office.

Yours sincerely,

Envers L Robinson Technical Assistant Excess Liability

ELR/elr/COUR/FAX Encs.

Cc:

Chris Looes, Tom Martin & Allison McCormick - Marsh, New York Office (x4853&3697)



August 8, 2002

Mr. David Cobleigh Marsh, Inc. 1166 Avenue of the Americas New York, New York 10036

RE: Excess Liability Insurance
KeySpan Corporation
AEGIS Policy Number: X0675A1A00
Policy Period: December 1, 2000 to December 1, 2003

Dear Mr. Cobleigh:

Please be advised that the outstanding premium balance for the captioned policy due AEGIS is \$1,626,213. The amount should be submitted to AEGIS within one week of this letter. The breakdown of the premium due AEGIS has been allocated as follows:

- Invoice No. 23271A representing the 2nd installment billing for a total amount due of \$2,077,500.
- Invoice No. 24464A representing the 2nd installment billing for the increase of the E&O policy limits for a total amount due of \$27,000.
- Invoice No. 24752A representing the 2nd installment billing for decrease in the GL & AL SIR for Midland Enterprises for a total amount due of \$164,000.
- Invoice No. 25294 representing the 2001 Members Continuity Credit due the Insured in the amount of \$642,287. Please be advised that AEGIS will be applying this credit to the above premiums due AEGIS.

For your convenience, I have attached a duplicate copy of each invoice. I hope this will make referencing the billing on this account a little easier for the client.

Please review the enclosures thoroughly and advise this office should you have any questions or require further assistance.

Very truly yours

MRM/ Enclosures

AEGIS Insurance Services, Inc.

10 Exchange Place

Jersey City, NJ 07302

Tel: 201-521-4683





Marsh USA Inc. w York, NY - 299 (212) 345-6000 Invoice No.

Date:

3/28/02

Invoice

KEYSPAN ENERGY CORPORATION ATT: BRENDAN J. CAHALAN ONE METROTECH CENTER BROOKLYN, NY 11201-3850

Effective Date	Expiration Date	Client No.	
3/26/02	3/26/03	J06520	

Policyholder:

KEYSPAN ENERGY

ORIGINAL

Effective:

3/26/02

ORIGINAL INVOICE

Insurer	Policy No.	Type of Coverage / Item	Amount		
LIBERTY MUTUAL	01-0343-02	GEN LIABILITY PREMIUM	2,400.00		
		INVOICE TOTAL:	2,400.00		
		REMIT IN: UNITED STATES	DOLLARS		
	RENEWAL OF KEYSP EVENTS/HOST LIOU	RESENTS PREMIUM DUE FOR THE AN ENERGY CORP'S SPECIAL OR LIABILITY POLICY WITH OR THE PERIOD 03/26/02 TO 03/26/	03		

RETURN ATTACHED COPY WITH REMITTANCE TO:

Marsh USA Inc. New York Office P.O. Box 19601 Newark, NJ 07195-0601

Invoice Is Payable In Full Upon Receipt

Marsh USA and its affiliated companies ("Marsh") may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Marsh may derive mpensation contingent upon such factors as the size, growth and/or overall profitability of an entire book of business placed by Marsh with such insurers. Such contingent mpensation would be in addition to any other compensation Marsh may receive such as retail, excess and surplus lines and wholesale brokerage fees or commissions, administrative fees, etc. At your request, Marsh will provide additional information.

irance Services, Inc. 86-23538 ark, NJ 07189

re Transfer*:
nk of America - 1850 Gateway Blvd, Concord CA
/ift Code: BOAUS3N ABA #111000012
ct: Associated Electric & Gas Insurance Svcs Ltd
ct No.: 3751030575
ctude Insured Name and AEGIS Original Invoice#

AEGIS
Associated Electric
& Gas Insurance
Services Limited

Overnight Delivery:
Associated Electric & Gas Insurance
Services Limited
c/o Fleet Bank
55 Challenger Road
Ridgefield Park, NJ 07660
Attn: Lockbox Department

nsured:

KeySpan Corporation

173 East Old Country Road Hickville, NY 11801

Invoice Number:

23271A

Date of Invoice:

12/18/2001

Policy Number:

X0675A1A00

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES.
IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY TO THE APPROPRIATE STATE OR LOCAL AGENCY.

EFFECTIVE DATES			PREMIUM	PREMIUM
FROM	ТО	DESCRIPTION	CHARGE	CREDIT
12/1/2000	12/1/2003	Excess Liability Multi-Year Re-write Premium. Total term premium - \$4,155,000	\$ 2,077,500	
		1st installment of \$2,077.500 due 12/01/2000 2nd installment of \$2,077,500 due 12/01/2001		

AMOUNT DUE AEGIS

\$ 2,077,500

WIGHT INC. AND DETLIDALONE CODY OF THIS INVOICE WITH PAYMENT.



Wire Transfer*:

Bank of America - 1850 Gateway Blvd, Concord CA Swift Code: BOAUS3N ABA #111000012 Acct: Associated Electric & Gas Insurance Svcs Ltd

Acct No.: 3751030575

*Include Insured Name and AEGIS Original Involce#



Overnight Delivery: Associated Electric & Gas Insurance Services Limited c/o Fleet Bank 55 Challenger Road Ridgefield Park, NJ 07660 Attn: Lockbox Department

Insured:

Keyspan Corporatrion

One Metro Tech Center Brooklyhn, NY 11201

Invoice Number:

24464A

Date of Invoice:

12/18/2001

Policy Number:

X0675A1A00

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES. IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY TO THE APPROPRIATE STATE OR LOCAL AGENCY.

EFFECTIV	EDATES			PREMIUM	PREMIUM
FROM	TO	DESCRIPTION		CHARGE	CREDIT
03/22/2001	12/1/2003	Excess Liability Multi-Year Policy - Additional Premium for increase in E&O Limit of Liability	\$	27,000	
		Total Term Premium eff.:3/22/2001 to 12/01/2003 =\$48,528 1st installment of \$21,528 due 03/22/2001 2nd installment of \$27,000 due12/01/2001	,		

AMOUNT DUE AEGIS

27,000

PAYMENT DUE THE LATER OF 20 DAYS FROM EFFECTIVE DATE OR 15 DAYS FROM INVOICE DATE. AN ADDITIONAL CHARGE BASED ON A RATE OF 2% PER MONTH WILL BE MADE ON PAST DUE AMOUNTS.



Wire Transfer*:
Bank of America - 1850 Gateway Blvd, Concord CA
Swift Code: BOAUS3N ABA #111000012
Acct: Associated Electric & Gas Insurance Svcs Ltd
Acct No.: 3751030575
*Include Insured Name and AEGIS Original Invoice#



Ovemight Delivery: Associated Electric & Gas Insurance Services Limited c/o Fleet Bank 55 Challenger Road Ridgefield Park, NJ 07660 Attn: Lockbox Department

Insured:

Keyspan Corporation

One Metro Tech Center Brooklyn, NY 11201

Invoice Number:

24752A

Date of Invoice:

12/18/2001

Policy Number:

X0675A1A00

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES.
IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY TO THE APPROPRIATE STATE OR LOCAL AGENCY.

EFFECTIVE DATES				PREMIUM	PREMIUM
FROM	TO	DESCRIPTION	<u> </u>	CHARGE	CREDIT
08/24/2001	12/1/2003	Excess Liability Multi Year Policy - Additional Premium for decrease in GL & AL SIR for Midland Enterprises	\$	164,000	
		Total Term Premium eff.:08/24/2001 to 12/01/2003 = \$186,222 1st install. of \$22,222 due as of 8/24/2001 2nd install. Of \$164,000 due on 12/01/2001			

AMOUNT DUE AEGIS

\$ 164,000



Wire Transfer*:

3ank of America - 1850 Gateway Blvd, Concord CA Swift Code: BOAUS3N ABA #111000012 Acct: Associated Electric & Gas Insurance Svcs Ltd Acct No.: 3751030575

Include Insured Name and AEGIS Original Invoice#



Overnight Delivery:
Associated Electric & Gas Insurance
Services Limited
c/o Fleet Bank
55 Challenger Road
Ridgefield Park, NJ 07660
Attn: Lockbox Department

insured:

Keyspan Corporation

One Metro Tech Center Brooklyn, NY 11201

Invoice Number:

25294

Date of invoice:

25294 12/6/2001

Policy Number:

X0675A1A00

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES.
IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY TO THE APPROPRIATE STATE OR LOCAL AGENCY.

EFFECTIV	/E DATES		PREMIUM	PREMIUM
FROM	ТО	DESCRIPTION	CHARGE	CREDIT
12/1/2001	12/1/2002	Excess Liability Multi Year Policy - Year 2001 Members Continuity Credit		\$ 642,287

CREDIT DUE

642,287

PAYMENT DUE THE LATER OF 20 DAYS FROM EFFECTIVE DATE OR 15 DAYS FROM INVOICE DATE. AN ADDITIONAL CHARGE BASED ON A RATE OF 2% PER MONTH WILL BE MADE ON PAST DUE AMOUNTS.

GIS Insurance Services, Inc. P.O. Box 23538

P.O. Box 23538 ►wark, NJ 07189

Transfer*:

Bank of America - 1850 Gateway Blvd, Concord CA Swift Code: BOAUS3N ABA #111000012 Acct: Associated Electric & Gas Insurance Svcs Ltd

Acct No.: 3751030575

*Include Insured Name and AEGIS Original Invoice#



Overnight Delivery:
Associated Electric & Gas Insurance
Services Limited
c/o Fleet Bank
55 Challenger Road
Ridgefield Park, NJ 07660
Attn: Lockbox Department

Insured:

KeySpan Corporation

One Metro Tech Center Brooklyn, NY 11201 Invoice Number:

27232

Date of Invoice:

10/7/2002

Policy Number:

X0675A1A00

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES.
IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY TO THE APPROPRIATE STATE OR LOCAL AGENCY.

EFFECTIV	/E DATES		1	PREMIUM	PREMIUM
FROM	ТО	DESCRIPTION		CHARGE	CREDIT
10/1/2002	12/1/2003	Excess Liability Multi Year Policy Effective Dates: Dec. 1, 2000 to Dec. 1, 2003	\$	159,977	
		Additional premium for adding EnergyNorth, effective October 1, 2002.			
		Less EnergyNorth 2002 Continuity Credit			\$ 45,149

AMOUNT DUE AEGIS

\$ 114,828

PAYMENT DUE THE LATER OF 20 DAYS FROM EFFECTIVE DATE OR 15 DAYS FROM INVOICE DATE. AN ADDITIONAL CHARGE BASED ON A RATE OF 2% PER MONTH WILL BE MADE ON PAST DUE AMOUNTS.

PLEASE MAKE CHECKS PAYABLE TO AEGIS INSURANCE SERVICES, INC. AND RETURN ONE COPY OF THIS INVOICE WITH PAYMENT.

KeySpan Check Request Form

	DATE January 29, 2003			INVOICE #		T38885		
CHECK AMOUNT\$38,434.00			·	DATE CH	IECK RI	EQUIRED	February	5, 2003
AYABLE TO	P.O. Bo	Insurance ox 23538 c, NJ 0718		Inc.		ID# PORATIOI PLIER#	N (Y/N)	
REASON FO	R CHECK	Terroris	m Coveraç	ge – GL		·		
REQUESTED	•	<u>i</u>	nne Ramer		<u>. </u>	EMPLO' DEPAR' PHONE	TMENT	72905 Risk Mgmt 718-403-2345
A	PPROVED	BY	E	MPLOYE	#		SIGNAT	TURE
Stephanie A	Shepard	•		03484		July	e les	·
		2						
Catering Charitable Dues / Fe Freight / Governm HR / Med	ASE ORDER Ig Gifts crow/ Rating ASE ORDER	Agencies	X Inspect Legal Legal Marke Parkin Payme Permi Police Rebat	tor Check ction / Insura Professional / Settlement ter Bill g ents on beha	One): nce Services / Claim	Sul Sul Sul Tax Tra Util	oscription mmons / DM\ x Payment / A aining Course lity Bill or Adju ner – Exception	Assessments / Registrations/ Seminar
ACCOUNTING Company 31			equestor m Task 259 1068	Cost Center 031		nount		
	O DAVADI	E APPRO					DATE	

Mail: AEGIS Insurance Services, Inc. P.O. Box 23538 Newark, NJ 07189

ansfer*:

Bank of America - 1850 Gateway Blvd, Concord CA

Swift Code: BOFAUS3N ABA #111000012 Acct: Associated Electric & Gas Insurance Svcs Ltd.



Overnight Delivery: Associated Electric & Gas Insurance Services Limited c/o Fleet Bank 55 Challenger Road Ridgefield Park, NJ 07660 Attn: Lockbox Department

Insured:

KeySpan Corporation

1 Metrotech Ctr

Brooklyn NY 11201-3831

USA

Invoice Number:

T38885

Date of Invoice:

1/21/2003

Policy Number:

X0675A1A00

Payment Date:

2/25/2003

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES. IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY TO THE APPROPRIATE STATE OR LOCAL AGENCY.

EFFECTIVE DATES

11/26/2002

FROM

TO 12/1/2003

DESCRIPTION

Terrorism Coverage

PREMIUM CHARGE **PREMIUM**

\$ 38,434

CREDIT

AMOUNT DUE AEGIS

38,434

PAYMENT DUE NOT LATER THAN THE PAYMENT DATE SPECIFIED ABOVE

PLEASE MAKE CHECKS PAYABLE TO AEGIS INSURANCE SERVICES, INC. AND RETURN ONE COPY OF THIS INVOICE WITH PAYMENT.





November 27, 2002

Bayport Plaza • Suite 550 6200 Couriney Campbell Causeway Tampa, FL 33607-5900 (813) 287-2117 • Telefax: (813) 374-2523

Christine Looes
Vice President
Marsh USA Inc.
1166 Avenue of Americas
New York, NY 10036-2774

RE: KeySpan Corporation

Excess General Liability Policy No: 501122-00GL

Dear Christine:

Enclosed, please find invoice no. <u>5291</u> in the amount of \$<u>530.000</u>. This is for the annual premium due on the above referenced policy.

Payment can be made by wire transfer. For wire transfer of funds to EIM, please refer to ABA 063100277, Bank of America, Tampa, FL, Atm: Terri Vertes, Phone No. (813) 225-8271, Account Number 3602266052. Payment should be made on or before <u>December 1, 2002</u>. If you have any questions, do not hesitate to call.

Sincerely,

Sandra R. Imbriani

Senior Underwriter/Account Manager

encl:



Bayport Plaza • Suite 550 6200 Courtney Campbell Causeway Tampa, FL 33607 (813) 287-2117 • Telefax: (813) 874-2523

INVOICE

MEMBER INSURED:

KeySpan Corporation
One MetroTech Center
Brooklyn NY 11201

BROKER NUMBER	CUSTOMER NUMBER	ISSUE DATE	INVOICE NUMBER	PAYMENT ENCLOSED
810	3933032	11/27/02	0000005291	\$

EFFECTIVE DATE	POLICY NUMBER	DESCRIPTION	AMOUNT	EXPIRATION DATE
12/01/02	501122-00GL	ANNUAL PREMIUM DUE 12/01/02.	\$530,000	12/01/03
	* * *			
			•	
·				
			\$530,000	

PREMIUM DUE ON EFFECTIVE DATE SHOWN ABOVE. NO RECEIPT WILL BE SENT UNLESS REQUESTED.

\$530,000 TOTAL DUE

KEYSPAN ENERGY ONE METRO TECH CENTER BROOKLYN NEW YORK NY 11201

INVOICE

31-MAY-2002

INVOICE NO. 0855668

DUE DATE 10-JUN-2002

ACCOUNT 002700

LOCATION ACCOUNT NAME

001

KeySpan Energy

FOR QUESTIONS REGARDING THIS INVOICE, PLEASE CALL ONE OF THE FOLLOWING Victoria Chin

PRODUCER Gregory Lynch

01

of the side.

Transaction: New Policy Eff. Date: 28-MAY-2002

Policy : 81577339

Description: Directors & Officers Liab : 28-MAY-2002 to 28-MAY-2003 : Federal Insurance Company Carrier

In Full : May 2002

Premium for Directors & Officers Liab

BILLING INFORMATION

Total for Reference 01 300,000.00 300,000.00

EASE RETURN THIS COPY WITH YOUR PAYMENT.

300,000.00

Subsidiaries of Wills North America Inc. are members of a major international group of companies. In addition to the commissions received by us from insurers and similar parties your insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties (some of which may be owned in whole or in part by our corporate parents or affiliates), may sarn and retain usual and customary commissions for their role in providing insurance products or services to you under their separate contracts with insurers or reinsurers. Additionally, it is possible that we, or our corporate parents of affiliates, may with an insurer by us, our corporate parents of affiliates. Upon written request, we will provide information regarding the compensation received by us or by our corporate parents or affiliates.



KEYSPAN ENERGY ONE METRO TECH CENTER BROOKLYN NEW YORK NY 11201

INVOICE

10 INVOICE DATE 31 - MAY - 2002

INVOICE NO. 0855667

DUE DATE

10-JUN-2002

ACCOUNT

REF

LOCATION ACCOUNT NAME

001

KeySpan Energy

002700

FOR QUESTIONS REGARDING THIS INVOICE, PLEASE CALL ONE OF THE FOLLOWING

BILLING INFORMATION

Victoria Chin

PRODUCER Gregory Lynch

01 Transaction: New Policy Eff. Date : 28-MAY-2002

: NDA0146887-02 Description: Directors & Officers Liab

: 28-MAY-2002 to 28-MAY-2003 : Twin City Fire Insurance Company

: May 2002

Premium for Directors & Officers Liab

Total for Reference 01 165,000.00 165,000.00

PLEASE RETURN THIS COPY WITH YOUR PAYMENT

AMOUNT DUE

165,000.00

Subsidiaries of Wills North America Inc. are members of a major international group of companies. In addition to the commissions received by us from insurers for placement of your insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties (some of which may be owned in whole or in part by our corporate parents or affiliates), may earn and retain usual and customary commissions for their role in providing insurance products or services to you under their separate contracts with insurers or reinsurers. Additionally, it is possible that we, or our corporate parents or affiliates, may receive contingent payments of allowances from insurers based on fautors which are not client-specific, such as the size or performance of an overall book of business produced within a neutral payment of an accordance of an overall book of business produced within a neutral payment of a payment of a neutral payment of a with an insurer by us, our corporate parents or affiliates. Upon written request, we will provide information regarding the compensation received by us or by our corporate parents or affiliates.



KEYSPAN ENERGY ONE METRO TECH CENTER BROOKLYN NEW YORK NY 11201

INVOICE

11 - MAY - 2002

1NVOICE NO. 0855673

DUE DATE

10-JUN-2002

ACCOUNT -ACCOUNT NAME LOCATION 001

002700 KeySpan Energy FOR QUESTIONS REGARDING THIS INVOICE, PLEASE CALL ONE OF THE FOLLOWING Victoria Chin PRODUCER Gregory Lynch BILLING INFORMATION REF AMOUNT 01 Transaction: New Policy Eff. Date: 28-MAY-2002 Policy : 6457780 Description: Directors & Officers Liab : 28-MAY-2002 to 28-MAY-2003 Carrier : Starr Excess Liability Insurance Company : May 2002 In Full Premium for Directors & Officers Liab 240,000.00 NY Surplus Lines Tax for Directors & Officers Liab 8,640.00 State Taxes To Others for Directors & Officers Lia 960.00 Total for Reference 01 249,600.00 \$ 249,600.00 EASE RETURN THIS COPY WITH YOUR PAYMENT AMOUNT DUE

Subsidiaries of Willis North America Inc. are members of a major international group of companies. In addition to the commissions received by us from insurers for placement of your insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties (some of which may be owned in whole or in part by our corporate parents or affiliates), may earn and retain usual and customary commissions for their role in providing insurance products or services to you under their separate contracts with insurers or reinsurers. Additionally, it is possible that we, or our corporate parents or affiliates, may receive contingent payments or allowances from insurers based on factors which are not client-specific, such as the size or performance of an overall book of business produced with an insurer by us, our corporate parents or affiliates. Upon written request, we will provide information regarding the compensation received by us or by our corporate parents or affiliates.

KEYSPAN ENERGY ONE METRO TECH CENTER BROOKLYN NY 11201 NEW YORK

INVOICE

INVOICE DATE 31-MAY-2002

0855672

DUE DATE

10-JUN-2002

			10-0014-2002
ACCOUNT 002700	LOCATION ACCOUNT NAME 001 KeySpan Energy		
TOTONE DEGAL	DING THIS INVOICE, PLEASE CALL ONE OF THE FOLLOWING	PRODUCER Gregory Lynch	
SERVICER	BILLING INFORMATION		ANGUNT
Eff.	ription: Directors & UTTICE od : 28-MAY-2002 to 28- ier : Zurich American II		
In F	ull : May 2002 remium for Directors & Off	icers Liab	\$ 209,000.00
	Total for Reference 01	\$ 209,000.00	

PLEASE RETURN THIS COPY WITH YOUR PAYMENT

AMOUNT DUE

209,000.00

Subsidiaries of Willis North America Inc. are members of a major international group of companies. In addition to the commissions received by us from insurers for placement of your insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties your insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties your corporate parents or affiliates), may earn and retain usual and oustomery commissions for their role in providing (some of which may be owned in whole or in part by our corporate parents or affiliates, may insurance productes to you under their separate contracts with insurers or reinsurers. Additionally, it is possible that we, or our corporate parents or affiliates on the size or performance of an overall book of business produced receive contingent payments or allowances from insurers based on factors which are not client-specific, such as the size or performance of an overall book of business produced receive contingent payments or allowances from insurers based on factors which are not client-specific, such as the size or performance of an overall book of business produced receive contingent payments or allowances from insurers based on factors which are not client-specific, such as the size or performance of an overall book of business produced receive contingent payments or allowances from insurers based on factors which are not client-specific, such as the size or performance of an overall book of business produced receive contingent payments or allowances. Upon written request, we will provide information to the commissions produced by us or by our corporate parents or affiliates.

KeySpan Energy Check Request Form

			Lat
II	1	ran	stei
W	re i	100-	sfer

Date		3/30/02
To: Accou	ints Paye	able Dept.

			Date	OIOUIUL	
	, , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • •	Γo: Accounts	Payable Dept.	
Payable To:	EIM				
	Bayport Plaza	- Suite 550			_
Payable To: Bayport Plaza – Suite 550 6200 Courtney Campbell Causeway Tampa, FL 33607 Amount: \$381,099.00 Date Needed by: Invoice # 0000004915 Reason for Check: 2nd Installment of the Annual D&O Premium	7		_		
8					_
Amount:	Bayport Plaza – Suite 550 6200 Courtney Campbell Causeway Tampa, FL 33607 ount: \$381,099.00 Date Needed by: 5/31/02 ice # 0000004915 on for Check: 2nd Installment of the Annual D&O Premium sted by: Name Brendan Cahalan Employee# 01103 Telephone # 403-3164 Dept. Risk Management orized Signature(s): Print Name Signature Employee#				
Invoice #	0000004915				
Reason for Ch	eck: 2 nd Install	ment of the Annual D&	kO Premium		
est estimate de la companya de la co		naronalisa — (ala di adi paranganganya mpanganya di adi adi pala pa			
		der de la complementa indicata de m ande a una la completa de glande a per ode. La completa de la comp			
Requested by:	Name	Brendan Cahalan	Employee#	01103	***
	Telephone #	403-3164	Dept.		
					-
Authorized Sig	mature(s):				
Prin	t Name	Signatur	'e		<u>-</u>
Brendan Caha	alan	R Can	alalan	01103	
1					-

Print Name	Signature	Employee#
Brendan Cahalan	R Can Value	01103
Stephanie Shepard	Jan	03484
Joseph Bodanza	g Boy	21865

2.5			<i>[</i> ,
Deliver Check to:		PAYEE	
	X	WIRE TRAI	NSFER
		OTHER	

Comments:

1099 Vendor	Tax ID# Vendor#	
Yes / No		•

Accounting: To Be Provided by Requestor

L	Project K00054	ACTIVITY Account 2538	Cost Center 031	Cost Type 496	Amount \$381,099.00	Company
r					4001,022,03	

Accounting Approval:	Dotos	
Accounting Approvar.	 Date.	<u> </u>

This form is not to be used for the purchase of materials and services. Please refer to the corporate listing of authorized Non Purchase Order expenditures. Please attached and invoice or supporting



Bayport Plaza - Suite 550 6200 Courtney Campbell Causeway Tampa, FL 33607 (813) 287-2117 • Telefax: (813) 874-2523

INVOICE

MEMBER INSURED:

KeySpan Corporation One MetroTech Center Brooklyn NY 11201

BROKER NUMBER	CUSTOMER NUMBER	ISSUE DATE	INVOICE NUMBER	PAYMENT ENCLOSED
346	3933032	05/13/02	0000004915	\$

EFFECTIVE DATE	POLICY NUMBER	DESCRIPTION	AMOUNT	EXPIRATION DATE
05/28/02	900642-01DO	ANNUAL PREMIUM DUE MAY 28, 2002.	\$381,099	05/28/03
,)			•	
	f. ,			
				,
			•	
	•			
4 · · · · · · · · · · · · · · · · · · ·			+ = - +	
			. ".	
				1
* * * .				
*	DDF130014 Dole	ON FEFECTIVE DATE SHOWAL ABOVE	\$204.000	

PREMIUM DUE ON EFFECTIVE DATE SHOWN ABOVE. NO RECEIPT WILL BE SENT UNLESS REQUESTED.

\$381,099 TOTAL DUE

KeySpan Check Request Form

DATE January 29, 2003 CHECK AMOUNT \$120,000.00 PAYABLE TO Willis of New York, Inc. P.O. Box 4557 Church Street Station New York, NY 10261-4557				INVOICE # DATE CHECK REQUIRED			0861653 February 5, 2003		
				REASON FO	OR CHECK				
		For the	period 5/2	8/02 to 5/	28/03.	· 6···································			
REQUESTE	D BY (Prin	t) <u>A</u>	nne Rame					72905	
REQUESTE	REQUESTED BY (Signature)				PHONE			Risk Mgmt 718-403-2345	
<i></i>	APPROVE) BY	E	MPLOYEE# A			SIGNATURE		
Stephanie A. Shepard				03484 JA			mu D	RV	
Joseph F. B	odanza			21865		JAX	Body-	138.0	
Entire Comp	circle One) eany	NY	Nassa Suffoll	k Long	Beach	MA	NH	Other State	
Catering Charitab Dues / F Freight / Governn HR / Me	ng ' Gifts scrow/ Rating le / Sponsors	Agencies	X Inspect Legal Legal Market Parkir Paymer Permiter Policeter Rebate	ction / Insura Professiona / Settlement eter Bill eg ents on beha	I Services / Claim _ alf of LIPA	'Sati Sub Sum Tax Trai Utili	scription nmons / DMV / Payment / Ass ning Course / I ty Bill or Adjus er – Exception	sessments Registrations/ Seminar	
Wiretoran	Sacr		X						
ACCOUNTI	NG INFORM	ATION: (Re	equestor m	ust supply	this accou	nting)	. , ———		
Company	Project	Exp Type	Task	Cost Center	Amou	nt			
31	K00054	310	2538	031	\$120,000.0	00			
ACCOUNT	S PAYABL	E APPRO\	/AL				DATE		



INVOICE

INVOICE DATE 13-DEC-2002

> INVOICE NO. 0861653

KEYSPAN ENERGY ONE METRO TECH CENTER BROOKLYN NEW YORK NY 11201

DUE DATE

23-DEC-2002

ACCOUNT 002700

LOCATION

ACCOUNT NAME

001

002700 001 KeySpan Energy
FOR QUESTIONS REGARDING THIS INVOICE, PLEASE CALL ONE OF THE FOLLOWING

Diana Eglin

PRODUCER Richard Loughlin

01

SERVICER

REF

Transaction: Account Service Eff. Date: 28-MAY-2002

Service : ADMINBKR

Description: Client Fee Agreement

: 28-MAY-2002 to 28-MAY-2003

In Full : May 2002

Willis Fee for Client Fee Agreement

Total for Reference 01 120,000.00

BILLING INFORMATION

120,000.00

PLEASE RETURN THIS COPY WITH YOUR PAYMENT

AMOUNT DUE



120,000.00

KeySpan Check Request Form

DATE				IN۱	OICE #	0855739	0855739		
				DATE CH	IECK REQUIRED	February 5, 2003			
PAYABLE TO	P.O. Bo Church New Yo		itation 0261-4557	TAX ID# CORPORATION (Y/N) SUPPLIER #					
REASON FO	R CHECK				on D&O and Fid 2/31/02. Applied				
REQUESTED BY (Print) Anne Rame REQUESTED BY (Signature)				·		OYEE# RTMENT E#	72905 Risk Mgmt 718-403-2345		
A	PPROVED	BY	E	MPLOYE	Ξ#	SIGNATURE			
Stephanie A	Stephanie A. Shepard			03484 Whate					
		· · · · · · · · · · · · · · · · · · ·		 					
LOCATION O			YC		MA	NH	Other State		
Entire Comp	any		Nassa Suffoll						
Catering Charitabl Dues / Fr Freight / Governm HR / Med	ng Gifts scrow/ Rating e / Sponsorsh	Agencies hip / Postage ality	X Inspect Legal Legal Market Parkir Paymer Permiter Police Rebate	ction / Insura Professional / Settlement eter Bill eg ents on beha	Services	R & D Initiative Satisfaction Program' Reimbursement Subscription Summons / DMV / Tolls Tax Payment / Assessments Training Course / Registrations/ Seminar Utility, Bill or Adjustment Other – Exception must be pre-approved by Accounts Payable			
WIRETRAN	SHER	-	× .			·			
ACCOUNTI	NG INFORM	ATION: (I	Requestor m	ust supply	this accounting)	7	•		
Company	Project	Exp Type	Task	Cost Center	Amount		-		
31	K00054	310	2538	031	-\$95,900.00	_			
-						DATE			



INVOICE

31 - MAY - 2002

1NVOICE NO. 0855739

KEYSPAN ENERGY ONE METRO TECH CENTER BROOKLYN NEW YORK NY 11201

ACCOUNT LOCATION | ACCOUNT NAME 002700 001 KeySpan Energy FOR QUESTIONS REGARDING THIS INVOICE, PLEASE CALL ONE OF THE FOLLOWING PRODUCER Gregory Lynch Gregory Lynch **BILLING INFORMATION** REF 01 Transaction: Account Service Eff. Date : 31-DEC-2001 Service : ADMINBKR Description: Client Fee Agreement : 31-DEC-2001 to 31-DEC-2002 : December 2001 Willis Fee for Client Fee Agreement 95.900.00CR Total for Reference 01 95.900.00CR ERVICING COPY - DO NOT MAIL 95.900.00CR AMOUNT DUE

Subsidiaries of Willie North America Inc. are members of a major international group of companies. In addition to the commissions received by us from insurers for placement of your insurence coverages, other parties, such as excess and surplus lines brokers, who lessele brokers, reinsurance intermediaries, underwriting managers and similar parties (some of which may be owned in whole or in part by our corporate parents or affiliates), may earn and retain usual and customers commissions for their role in providing insurance products or services to you under their separate contracts with insurers or reinsurers. Additionally, it is possible that we, or our corporate parents or affiliates, may receive contingent payments or allowances from insurers based on factors which are not client-specific, such as the size or performance of an overall book of business produced with an insurer by us, our corporate parents or affiliates. Upon written request, we will provide information regarding the compensation received by us or by our corporate parents or affiliates.

(22)

KeySpan Check Request Form

DATE January 30, 2003				IN\	INVOICE #			T39224		
CHECK AMOUNT \$27,074.00				DATE CH	IECK REQUIF	RED _	February 5, 2003			
PAYABLE TO AEGIS Insurance Services, Inc. P.O. Box 23538 CORPORATION (Y/N) Newark, NJ 07189 SUPPLIER #										
REASON FO	R CHEC	D&O T	errorism	Coverage fo	r the period 1	1/26/2	002 to 8/2	6/2003.		
REQUESTED) BY (Pri	ner	EMPLOY DEPART			72905 Risk Mgmt				
REQUESTEE	BY (Sig	nature)	ami	- Kam		ONE#		718-403-2345		
A	PPROVE	D BY		EMPLOYEE	# /	SIGNATURE				
Stephanie A. Shepard				03484	Show Ke					
								·		
LOCATION O			YC			ИΑ	NH	Other State		
Entire Compa	any			ssau Glen C folk Long B				anadamaji jiyayaya		
Catering Charitable Dues / Fe Freight / F	ng Gifts crow/ Ratin e / Sponsore es Fed Ex / UP ent / Munici ical / Workr	g Agencies ship S / Postage pality	X Insp Leg Leg Ma Par Pay Per Pol	pection / Insuran gal Professional 3 gal / Settlement / rketer Bill king ments on behalt mits ice / Marshals pate Program fund / Adjust / Re	Claim of LIPA	'Satis' Subso Sumn Tax P Traini Utility	cription nons / DMV / eayment / Ass ng Course / i Bill or Adjus – Exception	sessments Registrations/ Seminar		
WIRE TRAN	ISFER		X							
ACCOUNTIN Company	G INFORI	MATION: (R Activity	Cost	Ćost	his accounting	g) 				
31	K00054	2538	Type 496	Center 031	Amount \$27,074	1.00		·		
ACCOUNTS	DAVAD	E ADDDO	V/A1			r	ATE			



January 21, 2003

Ms. Stephanie Shepard General Manager, Risk Mgmt Svcs KeySpan Corporation 1 Metrotech Ctr Brooklyn NY 11201-3831 USA

: NOTICE OF TERRORISM INSURANCE COVERAGE UNDER THE U.S.

TERRORISM RISK INSURANCE ACT OF 2002 AND NOTICE OF

ADDITIONAL PREMIUM

KeySpan Corporation

Policy Number: D0675A1A02

Dear Stephanie:

On November 26, the President of the United States signed into law the Terrorism Risk Insurance Act of 2002 (the "Act"). As a result of the Act, the Member Terrorism Aggregate Limit and Shared Terrorism Aggregate Limit specified in the Terrorism Limits Endorsement attached to your policy will not apply to "insured loss" resulting from an "act of terrorism" if you pay an additional premium within 30 days from the date we have provided this notice. (Each of these bolded terms is defined by the Act; those definitions control our grant of coverage under your policy).

Scope of Coverage

Full limits coverage under your policy will be provided only for "insured loss" as defined by the Act. The Terrorism Limits Endorsement attached to your policy still applies for losses that do not fall within this definition of "insured loss" and for losses that result from acts or events of terrorism that are not included in the Act's definition of "act of terrorism." "Insured losses" that we pay under our policies will continue to reduce available limits for all other losses that are subject to our Member Terrorism Aggregate Limit and Shared Terrorism Aggregate Limit.

In addition, under the Act, if total "insured losses" of all property and casualty insurers reach \$100 billion during any applicable period, we will not be liable under our policies for our portion of such losses that exceed such amount. The amounts we pay to you under your policy may be reduced as a result. Because of this, we may reserve our rights when we make payments to you for "insured losses" and we may require an undertaking from you to return to us any overpayment.

The Act and this Notice only affect the Terrorism Limit Endorsement to your policy. All other terms and conditions of you policy, including any applicable exclusions, limits and deductibles, are not affected and still apply to your coverage under the policy.

Federal Government Share of Compensation

UNDER THE ACT, THE UNITED STATES GOVERNMENT WILL REIMBURSE US FOR 90% OF OUR INSURED LOSSES IN EXCESS OF A DEDUCTIBLE UNTIL TOTAL INSURED LOSSES OF ALL PARTICIPATING INSURERS REACH \$100 BILLION. OUR DEDUCTIBLE IS ESTABLISHED BY THE ACT AND IS BASED ON A PERCENTAGE OF OUR PREMIUMS. FOR 2003, THE DEDUCTIBLE WILL BE 7% OF THE APPLICABLE PREMIUMS; FOR 2004, THE DEDUCTIBLE WILL BE 10% OF THE APPLICABLE PREMIUMS; FOR 2005, THE DEDUCTIBLE WILL BE 15% OF THE APPLICABLE PREMIUMS.

<u>Additional Premium</u>

The additional limits for terrorism coverage we are providing pursuant to the Act requires an increase in the premium on your policy. Effective immediately, the premium due on your policy will be increased to reflect the additional coverage we are providing to you. The amount of the additional premium is indicated on the enclosed Invoice T39224.

Please remit this additional premium in accordance with the payment instructions on Invoice No. T39224. If we do not receive payment of the additional premium from you by 5:00 p.m. Eastern Standard Time on the Payment Date specified in Invoice T39224, the Member Terrorism Aggregate Limit and Shared Terrorism Aggregate Limit specified in the Terrorism Limits Endorsement will be fully reinstated for losses resulting from an "act of terrorism." The reinstatement of such limits will be effective at that time and date automatically without further notice from us.

If you decline this cover, a Failure to Maintain Exclusion will be added to your:

- 1. Directors and Officers Liability;
- 2. General Partner Liability;
- 3. Public Officials Liability;
- 4. Fiduciary and Employee Benefit Liability; and/or
- 5. Professional Liability policies

if such an exclusion has not already contained in or been endorsed onto said policies.

If you have any questions, please contact your underwriter.

Sincerely,

William P. Cullen

Enclosure

cc: Ms. Diana L. Eglin Willis of New York

William P. Callen

Mail: AEGIS Insurance Services, Inc. P.O. Box 23538 Newark, NJ 07189

Wire Transfer*:

America - 1850 Gateway Blvd, Concord CA

Swift Code: BOFAUS3N ABA #111000012 Acct: Associated Electric & Gas Insurance Svcs Ltd.



Overnight Delivery: Associated Electric & Gas Insurance Services Limited c/o Fleet Bank 55 Challenger Road Ridgefield Park, NJ 07660 Attn: Lockbox Department

Insured:

KeySpan Corporation

1 Metrotech Ctr

Brooklyn NY 11201-3831

USA

Invoice Number:

T39224

Date of Invoice:

1/21/2003

Policy Number:

D0675A1A02

Payment Date:

2/25/2003

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES.
IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY TO THE APPROPRIATE STATE OR LOCAL AGENCY.

EFFECTIVE DATES

FROM 11/26/2002

TO 5/28/2003 **DESCRIPTION**

Terrorism Coverage

PREMIUM CHARGE

PREMIUM CREDIT

27,074

AMOUNT DUE AEGIS

27,074

PAYMENT DUE NOT LATER THAN THE PAYMENT DATE SPECIFIED ABOVE

PLEASE MAKE CHECKS PAYABLE TO AEGIS INSURANCE SERVICES, INC. AND RETURN ONE COPY OF THIS INVOICE WITH PAYMENT.

KeySpan Check Request Form

DATE January 30, 2003			IN	_ INVOICE #		T39441			
CHECK AM	OUNT :	5,834.00	·	DATE C	HECK	REQUIRED	February	5, 2003	
PAYABLE TO AEGIS Insurance Services P.O. Box 23538 Newark, NJ 07189			ices, Inc.	C	AX ID# ORPORATION JPPLIER #	N (Y/N)			
REASON F	REASON FOR CHECK Fiduciary Terrorism Coverage for the period 11/26/2002 to 8/26/2003.								
REQUESTE	•	· ·	Anne Ra	amer we Row	**************************************	EMPLOY DEPART	MENT	72905 Risk Mgmt 718-403-2345	
	APPROVE	D BY		EMPLOYE	Ε#		SIGNAT	URE	
Brendan J.	Cahalan		-	01103		B.6	an Do	Calrelan	
<u> </u>				<u>- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1</u>			U		
LOCATION (Requestor Comp	Circle One			lassau Glen C uffolk Long E		MA	NH	Other State	
Advertis Awards Bank / E Catering Charitab Dues / F Freight / Governm HR / Me	ing / Gifts /scrow/ Ratin le / Sponsor rees	ng Agencies ship PS / Postage ipality	X Ir L L M P P P P P P P R	questor Check ispection / Insurar egal Professional egal / Settlement / larketer Bill arking ayments on behale ermits olice / Marshals ebate Program efund / Adjust / Refund / Adjust /	nce Service / Claim	Subsubsubsubsubsubsubsubsubsubsubsubsubsu	scription mons / DMV Payment / As ning Course / y Bill or Adjus er – Exceptior	sessments Registrations/ Seminar	
WIRE TRA	NSFER		X						
ACCOUNTI	NG INFORI	MATION: (F	Requesto	or must supply	this ac	counting)			
Company 31	Project K00054	Activity 2538	Cost Type 493	Cost Center 031		Amount \$5,834.00			
					-				



January 21, 2003

Ms. Stephanie Shepard General Manager, Risk Mgmt Svcs KeySpan Corporation 1 Metrotech Ctr Brooklyn NY 11201-3831 USA

Re: NOTICE OF TERRORISM INSURANCE COVERAGE UNDER THE U.S.

TERRORISM RISK INSURANCE ACT OF 2002 AND NOTICE OF

ADDITIONAL PREMIUM

KeySpan Corporation

Policy Number: F0675A1A02

Dear Stephanie: The second of the second of

On November 26, the President of the United States signed into law the Terrorism Risk Insurance Act of 2002 (the "Act"). As a result of the Act, the Member Terrorism Aggregate Limit and Shared Terrorism Aggregate Limit specified in the Terrorism Limits Endorsement attached to your policy will not apply to "insured loss" resulting from an "act of terrorism" if you pay an additional premium within 30 days from the date we have provided this notice. (Each of these bolded terms is defined by the Act; those definitions control our grant of coverage under your policy).

Scope of Coverage

Full limits coverage under your policy will be provided only for "insured loss" as defined by the Act. The Terrorism Limits Endorsement attached to your policy still applies for losses that do not fall within this definition of "insured loss" and for losses that result from acts or events of terrorism that are not included in the Act's definition of "act of terrorism." "Insured losses" that we pay under our policies will continue to reduce available limits for all other losses that are subject to our Member Terrorism Aggregate Limit and Shared Terrorism Aggregate Limit.

In addition, under the Act, if total "insured losses" of all property and casualty insurers reach \$100 billion during any applicable period, we will not be liable under our policies for our portion of such losses that exceed such amount. The amounts we pay to you under your policy may be reduced as a result. Because of this, we may reserve our rights when we make payments to you for "insured losses" and we may require an undertaking from you to return to us any overpayment.

The Act and this Notice only affect the Terrorism Limit Endorsement to your policy. All other terms and conditions of you policy, including any applicable exclusions, limits and deductibles, are not affected and still apply to your coverage under the policy.

Federal Government Share of Compensation

UNDER THE ACT, THE UNITED STATES GOVERNMENT WILL REIMBURSE US FOR 90% OF OUR **INSURED LOSSES** IN EXCESS OF A DEDUCTIBLE UNTIL TOTAL **INSURED LOSSES** OF ALL PARTICIPATING INSURERS REACH \$100 BILLION. OUR DEDUCTIBLE IS ESTABLISHED BY THE ACT AND IS BASED ON A PERCENTAGE OF OUR PREMIUMS. FOR 2003, THE DEDUCTIBLE WILL BE 7% OF THE APPLICABLE PREMIUMS; FOR 2004, THE DEDUCTIBLE WILL BE 10% OF THE APPLICABLE PREMIUMS; FOR 2005, THE DEDUCTIBLE WILL BE 15% OF THE APPLICABLE PREMIUMS.

Additional Premium

The additional limits for terrorism coverage we are providing pursuant to the Act requires an increase in the premium on your policy. Effective immediately, the premium due on your policy will be increased to reflect the additional coverage we are providing to you. The amount of the additional premium is indicated on the enclosed Invoice T39441.

Please remit this additional premium in accordance with the payment instructions on Invoice No. T39441. If we do not receive payment of the additional premium from you by 5:00 p.m. Eastern Standard Time on the Payment Date specified in Invoice T39441, the Member Terrorism Aggregate Limit and Shared Terrorism Aggregate Limit specified in the Terrorism Limits Endorsement will be fully reinstated for losses resulting from an "act of terrorism." The reinstatement of such limits will be effective at that time and date automatically without further notice from us.

If you decline this cover, a Failure to Maintain Exclusion will be added to your:

- 1. Directors and Officers Liability;
- 2. General Partner Liability;
- 3. Public Officials Liability;
- 4. Fiduciary and Employee Benefit Liability; and/or
- 5. Professional Liability policies

if such an exclusion has not already contained in or been endorsed onto said policies.

If you have any questions, please contact your underwriter.

Sincerely,

William P. Cullen

Enclosure

cc: Ms. Victoria Chin

Willis of New York

Mail: MEGIS Insurance Services, Inc. P.O. Box 23538 Newark, NJ 07189

Wire Transfer*:

America - 1850 Gateway Blvd, Concord CA

Swift Code: BOFAUS3N ABA #111000012 Acct: Associated Electric & Gas Insurance Svcs Ltd.



Overnight Delivery:
Associated Electric & Gas
Insurance Services Limited
c/o Fleet Bank
55 Challenger Road
Ridgefield Park, NJ 07660
Attn: Lockbox Department

Insured:

KeySpan Corporation

1 Metrotech Ctr

Brooklyn NY 11201-3831

USA

Invoice Number:

T39441

Date of Invoice:

1/21/2003

Policy Number:

F0675A1A02

Payment Date:

2/25/2003

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES.
IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY
TO THE APPROPRIATE STATE OR LOCAL AGENCY.

EFFECTIVE DATES

FROM 11/26/2002 TO 8/26/2003 **DESCRIPTION**

Terrorism Coverage

PREMIUM CHARGE

PREMIUM CREDIT

\$ 5,834

AMOUNT DUE AEGIS

5,834

PAYMENT DUE NOT LATER THAN THE PAYMENT DATE SPECIFIED ABOVE

PLEASE MAKE CHECKS PAYABLE TO AEGIS INSURANCE SERVICES, INC. AND RETURN ONE COPY OF THIS INVOICE WITH PAYMENT.

Dennis J. Kantor

D17

MARSH

Marsh USA Inc. ew York, NY - 299 (212) 345-6000 Invoice No. 726933

Invoice

Date:

3/28/03

KEYSPAN ENERGY CORPORATION ATT: BRENDAN J. CAHALAN ONE METROTECH CENTER BROOKLYN, NY 11201-3850

Effective Date	Expiration Date	Client No.
3/01/03	3/01/04	J06520

Policyholder:

KEYSPAN ENERGY

ORIGINAL INVOICE

ORIGINAL

Effective:

3/01/03

Insurer	Policy No.	Type of Coverage / Item	Amount
AEGIS LLOYDS OF LON HARTFORD STEAM WINTERTHUR	L0675A1A03 DG022303	PROP/ALL RISK PREMIUM PROP/ALL RISK PREMIUM PROP/ALL RISK PREMIUM TAX PROP/ALL RISK PREMIUM PROP/ALL RISK PREMIUM PROP/ALL RISK PREMIUM EXC PROPERTY PREMIUM INVOICE TOTAL:	3,355,000 0C 240,000 00 11,565.00 1,199,410.00 238,250.00 349,458.00 169,375.00 5,563,058.00
	RENEWAL PREMIUM F TERM Y.BHATIA/RVOSK	REMIT IN: UNITED STATES OR THE 3/01/03 TO 3/01/04 POLIC	
RETURN ATTACHEI WITH REMITTANCE Marsh USA Inc. New York Office P.O. Box 19601 Newark, NJ 0719	TO:		

Invoice Is Payable In Full Upon Receipt

Marsh USA and its affiliated companies ("Marsh") may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Marsh may derive compensation contingent upon such factors as the size, growth and/or overall profitability of an entire book of business placed by Marsh with such insurers. Such contingent compensation would be in addition to any other compensation Marsh may receive such as retail, excess and surplus lines and wholesale brokerage fees or commissions, administrative fees, etc. At your request, Marsh will provide additional information.



Bayport Plaza • Suite 550 6200 Courtney Campbell Causeway Tampa, FL 33607 (813) 287-2117 • Telefax: (813) 874-2523

MEMBER INSURED:

KeySpan Corporation Primary Policy One MetroTech Center, 22nd Floor Brooklyn NY 11201

INVOICE

BROKER NUMBER	CUSTOMER NUMBER	ISSUE DATE	INVOICE NUMBER	PAYMENT ENCLOSED
810	3933032	03/19/03	0000005472	\$

EFFECTIVE DATE	POLICY NUMBER	DESCRIPTION	AMOUNT	EXPIRATION DATE
03/01/03	300150-03GP	Premium payment is due in full on or before 04/01/2003.	\$209,000	03/01/04
		Premium Breakdown:		
		Policy premium: \$195,000 Terrorism Premium: \$14,000		
				And the second s
				The state of the s

PREMIUM DUE ON EFFECTIVE DATE SHOWN ABOVE. NO RECEIPT WILL BE SENT UNLESS REQUESTED.

\$209,000 TOTAL DUE



Bayport Plaza • Suite 550 6200 Courtney Campbell Causeway Tampa, FL 33607 (813) 287-2117 • Telefax: (813) 874-2523

INVOICE

MEMBER INSURED:

KeySpan Corporation
Excess Policy
One MetroTech Center, 22nd Floor
Brooklyn NY 11201

BROKER NUMBER	CUSTOMER NUMBER	I\$\$UE DATE	INVOICE NUMBER	PAYMENT ENCLOSED
810	3933032	03/19/03	0000005473	\$

EFFECTIVE DATE	POLICY NUMBER	DESCRIPTION	AMOUNT	EXPIRATION DATE
03/01/03	300151-03GP	Premium payment is due in full on or before 04/01/2003	\$25,748	03/01/04
		Premium Breakdown: Policy premium: \$24,063 Terrorism premium: \$1,685		

PREMIUM DUE ON EFFECTIVE DATE SHOWN ABOVE. NO RECEIPT WILL BE SENT UNLESS REQUESTED.

\$25,748 TOTAL DUE

KeySpan Check Request Form

DATE March 7, 2003		NVOICE	# 724005	
CHECK AMOUNT _\$75,738.00	<u> </u>	DATE CHECK	REQUIRED Marc	ch 10, 2003
PAYABLE TO Marsh USA Inc New York Offic P.O. Box 1960 Newark, NJ 07	ce 1		TAX ID# CORPORATIO SUPPLIER #	N (Y/N)
REASON FOR CHECK 2003	Nuclear Liabili	ty Program		
REQUESTED BY (Print) REQUESTED BY (Signature)	Anne Ramer	Cau_	EMPLOYEE # DEPARTMENT PHONE #	72905 Risk Mgmt 718-403-2345
APPROVED BY	EM	PLOYEE#	SIG	NATURE
Brendan J. Cahalan		01103	Bulan	Cahalan
Stephanie A. Shepard		03484	Alave for	J Stepranis A. Shepa
LOCATION OF SERVICE (Requestor Circle One) I Entire Company	NYC LO Nassau Suffolk	NG ISLAND Glen Cove Long Beach	MA N	OtherALLE OF CERV. Stateuc: for Circle Company Course Company
NON PURCHASE ORDER CATEG Awards / Gifts Bank / Escrow/ Rating Agencies Catering Charitable / Sponsorship Dues / Fees Freight / Fed Ex / UPS / Postage Government / Municipality HR / Medical / Workmen Comp Incentive Program X Inspection / Insurance	Legal Pro Legal / So Marketer Parking Payments Permits Police / M Rebate P	fessional Service ettlement / Claim Bill s on behalf of LIP, larshals rogram Adjust / Reimburs	Subscription Summons / Tax Paymer Training Co Utility Bill or Other – Exc	Program' Reimbursement DMV / Tolls ot / Assessments urse / Registrations/ Seminar Adjustment eption must be pre-approved Accounts Payable
WIRE TRANSFER	Χ			
ACCOUNTING INFORMATION: (Requestor must			
COMPANY # PROJECT 31 K00054	TASK 2959	EXP TYPE 492	EXP ORG/ COST CENTER	AMOUNT #75 700 00
V1 1100004	4303	432	031	\$75,738.00



MARSH

Marsh USA Inc. 1166 Avenue of the Americas New York, NY 10036 Azmina.Walji@marsh.com www.marsh.com

Fax

To:

Brendan Cahalan

From:

Azmina Walji

Date:

March 07, 2003

Fax:

212 345 4853

Organization:

KeySpan Corp.

Phone:

212 345 0263

Fax:

718 403 2166

Pages:

Phone:

Subject:

2003 Nuclear Lability Program (NF-0269, NW-0627)

Brendan,

Further to our conversation, attached is the invoice for the 2003 Nuclear Liability Program. The originals are being sent via regular mail.

Attachment

cc: D. Cobleigh M. Smith

Calialan

The information contained in this facsimile is confidential, may be privileged, and is intended for the use of the individual or entity named above. If you, the reader of this message, are not the intended recipient, the agent or employee responsible for delivering this transmission to the intended recipient, you are expressly prohibited from copying, disseminating, distributing, or in any other way using any of the information contained in the facsimile message.



Azmina Walji

Assistant Vice President

Marsh USA Inc. 1166 Avenue of the Americas New York, NY 10036 212 345 0263 Fax 212 345 4853 Azmina.Walji@marsh.com www.marsh.com

March 07, 2003

Mr. Brendan Cahalan Insurance Manager KeySpan Corp. One MetroTech Center Brooklyn, NY 11201

Re: 2003 Nuclear Liability Program (NF-0269, NW-0627)

Dear Brendan:

Enclosed please find Invoice No. 724005 in the amount of \$75,738 which represents premium! due for the 2003 Nuclear Liability Program. The total amount due of \$75,738 is broken down as follows:

Policy No. Premium NF-0269 \$55,987 NW-0627 \$19,751 Total Premium:

\$75,738

Please remit payment to us as soon as possible. The wire transfer instructions are as follows:

Bank of New York ABA #021000018 Account #8900091886 One Wall Street New York, NY 10286 For Account of: Marsh USA, Inc. Page 2 March 07, 2003 Mr. Brendan Cahalan KeySpan Corp.

Should you have any questions, please contact us.

Sincerely,

Azmina Walji

Assitant Vice President

Encl.

cc: D. Cobleigh M. Smith

ARSH

Marsh USA Inc. New York, NY - 299 (212) 345-6000

Invoice No. 724005

Invoice

Date:

3/07/03

KEYSPAN ENERGY CORPORATION ATT: BRENDAN J. CAHALAN ONE METROTECH CENTER BROOKLYN, NY 11201-3850

Effective Date	Expiration Date	Client No.
1/01/03		J06520

Policyholder: KEYSPAN ENERGY

ORIGINAL INVOICE

ORIGINAL

Effective:

1/01/03

Insurer	Policy No.	Type of Coverage / Item	Amount
AMERICAN NUCLE ERICAN NUCLE	NF-0269 NW-0627	NUCLEAR CAS PREMIUM NUCLEAR CAS PREMIUM	55,987.00 19,751.00
	ı	INVOICE TOTAL:	75,738.00
-		REMIT IN: UNITED STATES	DOLLARS
	2003 ADVANCE PREM MASTER WORKER NW- TOTAL PREMIUM \$75 01-0285-03		
RETURN ATTACHED WITH REMITTANCE			
Marsh USA Inc. New York Office P.O. Box 19601			
wark, NJ 0719	5-0601		

Invoice Is Payable In Full Upon Receipt Mersh USA and its affiliated companies ("Marsh") may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Mersh may derive compensation contingent upon such factors as the size, growth and/or overall profitability of an entire book of business placed by Marsh with such insurers. Such contingent compensation would be in addition to any other compensation Marsh may receive such as retail, excess and surplus lines and wholesale brokerage fees or commissions, administrative fees, etc. At your request, Marsh will provide additional information.

AF

Mail: AEGIS insurance Services, Inc. P.O. Box 23538 Newark, NJ 07189



of America - 1850 Gateway Blvd, Concord CA

Swift Code: BOFAUS3N ABA #111000012 Acct: Associated Electric & Gas Insurance Svcs Ltd.



Ovemight Delivery: Associated Electric & Gas Insurance Services Limited c/o Fleet Bank 55 Challenger Road Ridgefield Park, NJ 07660 Attn: Lockbox Department

Insured: **KeySpan Corporation** 1 Metrotech Ctr **Brooklyn NY 11201-3831**

> Revised Invoice Number: T40117 Replaces Invoice Number: T39984

Date of Invoice:

02/12/2003

Policy Number: New Payment Date L0675A1A02 03/19/2003

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES. IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY TO THE APPROPRIATE STATE OR LOCAL AGENCY.

EFFECTIVE DATES FROM

11/26/2002

TO 3/1/2003

DESCRIPTION

Terrorism Coverage

PREMIUM CHARGE **PREMIUM** CREDIT

5,134

AMOUNT DUE AEGIS

5,134

PAYMENT DUE NOT LATER THAN THE PAYMENT DATE SPECIFIED ABOVE

PLEASE MAKE CHECKS PAYABLE TO AEGIS INSURANCE SERVICES, INC. AND RETURN ONE COPY OF THIS INVOICE WITH PAYMENT.

KeySpan Check Request Form

DATE March 13, 2003			INVOICE	# EIMTER30	EIMTER303		
CHECK AMOU	NT \$2,497.00)	DATE CHECK I	REQUIRED _	1ARCH	14,2003	
PAYABLE TO	Energy Insurance Bayport Plaza – 6200 Courtney C Tampa, FL 33607 CHECK Added	Suite 550 ampbell Cau 7-5900		TAX ID# CORPORA SUPPLIER excess prope	#		
REQUESTED E		nne Ramer		EMPLOYE DEPARTM PHONE #		72905 Risk Mgmt 718-403-2345	
APF	PROVED BY	EM	PLOYEE#	annaman tyry tyrty y tyr y tyr a gallan a an	SIGNAT	'URE	
Brendan J. Cal	nalan		01103	B	an	Calalan	
LOCATION OF S (Requestor Circ Entire Company	le One) NY	C LO Nassau Suffolk	NG ISLAND Glen Cove Long Beach	MA	NH	Other State	
Awards / Giff Bank / Escro Catering Charitable / S Dues / Fees Freight / Fed Government	Sponsorship Ex / UPS / Postage / Municipality I / Workmen Comp	Legal Pro Legal / S Marketer Parking Payment Permits Police / N Rebate F	ofessional Services ettlement / Claim Bill s on behalf of LIPA flarshals trogram Adjust / Reimburse	Subser Summo Tax Pa Trainin Utility E Other -	iption ons / DMV yment / As g Course / Bill or Adjust- Exception	ssessments / Registrations/ Seminar	
WIRE TRAN	SFER	X equestor mus	t supply this acc	counting)			
COMPANY #	PROJECT K00054	TASK 2959	EXP TYPE 492	EXP ORG/ COST CENTE 031	iR	AMOUNT \$2,497.00	
ACCOUNTS P	AYABLE APPROV	/AL		D	ATE _		



March 12, 2003

Bayport Plaza • Suite 550 6200 Courtney Campbell Causeway Tampa, FL 33607-5900 (813) 287-2117 • Telefax: (813) 874-252:

Stephanie Shepard KeySpan Corporation One MetroTech Center, 22nd Floor Brooklyn, NY 11201

RE: KeySpan Corporation Excess Property Policy No: 300057-02GP

Dear Stephanie:

Enclosed please find the invoice / endorsement that have been issued for the above property policy. This transaction takes into account the acceptance of Terrorism coverage.

Payment can be made by wire transfer. For wire transfer of funds to EIM, please refer to ABA 063100277, Bank of America, Tampa, FL, Attn: Terri Vertes, Phone No. (813) 225-8271, Account Number 3602266052. Payment should be made on or before. If you have any questions, do not hesitate to call.

Payment is due upon receipt of this invoice.

Sincerely,

Scott Leiman

Underwriter Technical Assistant - Property

encl:



Bayport Plaza . Suite 550 6200 Courney Campbell Causeway Tampa, FL 33607-5900 (813) 287-2117 • Telefax: (813) 874-2523

INVOICE

MEMBER INSURED:

KeySpan Corporation One Metro Tech Center, 2nd Floor Brooklyn, NY 11201

BROKER NUMBER	CUSTOMER NUMBER	ISSUE DATE	INVOICE NUMBER	PAYMENT ENCLOSED
810	3933032	03/12/2003	EIMTER303	\$

EFFECTIVE DA'IE	POLICY NUMBER	DESCRIPTION	AMOUNT	EXPIRATION DATE
11/26/2002	300057-02 GP	Added Terrorism coverage	\$2,497	03/01/03
				٠
		Payment due in full upon Receipt of this invoice.		
		The Net Payment shown below should be sent direct to EIM — please refer to cover letter for remittance details.		
		EMILIM DUE ON EFFECTIVE DATE SHOWN ABOVE		

PREMIUM DUE ON EFFECTIVE DATE SHOWN ABOVE NO RECEIPT WILL BE SENT UNLESS REQUESTED.

\$2,497.00 TOTAL NET DUE



Marsh USA Inc. New York, NY - 299 (212) 345-6000 Invaice No. 677614 RMT

Invoice

Date:

5/17/02

KEYSPAN ENERGY CORPORATION ATT: BRENDAN J. CAHALAN ONE METROTECH CENTER BROOKLYN, NY 11201-3850

Effective Date	Expiration Data	Client No.
5/28/01	5/28/04	J06520

Policyholder:

Keyspan Energy

INSTALLMENT

Effective:

5/28/02

ORIGINAL INVOICE

Insurer	Policy No.	Type of Coverage / Item	
ZURICH AMER	FID521347400	DID TO THE STATE OF THE STATE O	
		FIDELITY BOND PREMIUM 52,490.00	
		INVOICE TOTAL: 52,490.00	\sum_{i}
		REMIT IN: UNITED STATES DOLLARS	'
	Fidelity Coverage due for the perio D. Conca/S. Cole/	- Installment premium	
			1
		Man Royant	
RETURN ATTACHED WITH REMITTANCE	COPY TO:	Approved for page	
Marsh USA Inc.		1 /3	
New York Office			
P.O. Box 19601 Newark, NJ 07195	5-0601		

Invoice is Payable in Full Upon Receipt opposed for the size of this invoice pursuant to which Marsh may derive proper and its affiliated companies ("Marsh") may have agreements with insurers providing the coverage which is the subject of this invoice pursuant to which Marsh may derive proper and the coverage which is the subject of this invoice pursuant to which Marsh may derive provided by the coverage which is the subject of this invoice pursuant to which Marsh may derive provided by Marsh with such insurers. Such contingent provided additional information.